

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>9391</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>DONALD</u> <u>E</u> <u>JULBERT</u> P O Box, Bldg, Room No, if any _____ Street <u>2681 N. BAKER STREET</u> City <u>TERRE HAUTE</u> State <u>Indiana</u> ZIP Code + 4 <u>47803-9652</u>	4 Name, file number, and address of labor organization Name <u>PAINTERS LOCAL #197</u> Labor Organization File Number <u>0131691</u> P O Box, Building and Room Number, if any <u>P. O. BOX 14080</u> Street _____ City <u>TERRE HAUTE</u> State <u>Indiana</u> ZIP Code + 4 <u>47803-8080</u>
5 Position in labor organization <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)

Signed

Donald E. Julbert

On

8/10/2005

Date

812-877-9915

Telephone Number

Name of Person Filing DONALD JULBERT

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name PAINTERS LOCAL #197

Trade Name, if any

P O Box, Bldg, Room No, if any P. O. BOX 14080

Street

City TERRE HAUTE

State Indiana ZIP Code + 4 47803-8080

9 Business deals with

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name PAINTERS LOCAL #197 HEALTH & WELFARE FUND

Trade Name, if any

P O Box, Bldg, Room No, if any P. O. BOX 786

Street

City BONFIAY

State Florida ZIP Code + 4 32425-0786

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

OFFICER & SPOUSE ATTENDANCE AT CHRISTMAS DINNER
12/08/04

12 b Amount.

\$159

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b. Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.



INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES
LOCAL UNION NO. 197

P.O. BOX 14080 • 2314 LOCUST STREET • TERRE HAUTE, INDIANA 47803

PHONE 812-232-1644 • FAX 812-238-1514



August 12, 2005

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington DC 20210

RE. Form LM-30 (01/01/04-12/31/04)

To Whom It May Concern:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. I am a first-time filer and was unaware of the filing requirements until recently, some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Sincerely yours,

Donald E. Julbert, President
Painters Local #197